

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tea Marcum
#417-097
239 N. 9th St.
Hamilton, Ohio
45011

A. Signature

X *Halli Marcum* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/18/04

D. Is delivery address different from Item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes ☒ No

2. Article

7003 2260 0002 6723 3234

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540